
MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

COMMUNITY ACCESS TO RECOVERY SERVICES

AODA PROVIDER NETWORK DIRECTORY

November 2017



BHD

MILWAUKEE COUNTY
Behavioral
Health
Division

**BEHAVIORAL HEALTH DIVISION
COMMUNITY Access to Recovery Services**



Agency Provider Network

The Milwaukee Community Access to Recovery Services (CARS) Provider Network Directory is a listing of provider agencies that have an agreement with Milwaukee County and the Milwaukee CARS Provider Network to provide services on a referral basis.

This directory lists the Milwaukee Levels of Care and providers approved to provide services.

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BEHAVIORAL HEALTH DIVISION

COMMUNITY Access to Recovery Services

CORE VALUES

The Behavioral Health Division has a strength-based recovery oriented system of care that is driven by a set of core values, including:

- **Family-Centered:** A family-centered approach means that families are a family of choice defined by the consumers themselves. Families are responsible for their children and are respected and listened to as we support them in meeting their needs, reducing system barriers, and promoting changes that can be sustained overtime. The goal of a family-centered team and system is to move away from the focus of a single client represented in systems, to a focus on the functioning, safety, and well-being of the family as a whole.
- **Consumer Involvement (Persons in Recovery):** The Individual's involvement in the process is empowering and increases the likelihood of cooperation, ownership, and success. Individuals/families are viewed as full and meaningful partners in all aspects of the decision making process affecting their lives including decisions made about their service plans.
- **Builds on Natural and Community Supports:** Recognizes and utilizes all resources in our communities creatively and flexibly, including formal and informal supports and service systems. Every attempt should be made to include the families' relatives, neighbors, friends, faith community, co-workers or anyone the family would like to include in the team process. Ultimately families will be empowered and have developed a network of informal, natural, and community supports so that formal system involvement is reduced or not needed at all.
- **Strength-Based:** Strength-based programs build on the family's unique qualities and identified strengths that can then be used to support strategies to meet the family's needs. Strengths should also be found in the family's environment through their informal support networks as well as in attitudes, values, skills, abilities, preferences and aspirations. Strengths are expected to emerge, be clarified and change over time as the family's initial needs are met and new needs emerge with strategies discussed and implemented.
- **Unconditional Care:** Means that we care for the family, not that we will care "if." It means that it is the responsibility of the service team to adapt to the needs of the family - not of the family to adapt to the needs of a program. We will coordinate services and supports for the family that we would hope are done for us. If difficulties arise, the individualized services and supports change to meet the family's needs.
- **Collaboration Across Systems:** An interactive process in which people with diverse expertise, along with families, generate solutions to mutually defined needs and goals building on identified strengths. All systems working with the family have an understanding of each other's programs and a commitment and willingness to work together to assist the family in obtaining their goals. The substance abuse, mental health, W-2, child welfare, and other identified systems collaborate and coordinate a single system of care for families involved within their services.
- **Team Approach Across Agencies:** Planning, decision-making, and strategies rely on the strengths, skills, mutual respect, creative, and flexible resources of a diversified, committed team. Team member strengths, skills, experience, and resources are utilized to select strategies that will support the family in meeting their needs. All family, formal, and informal team members share responsibility, accountability, authority, and understand and respect each other's strengths, roles, and limitations.

- **Ensuring Safety:** When child protective services are involved, the team will maintain a focus on child safety. Consideration will be given to whether the identified threats to safety are still in effect, whether the child is being kept safe by the least intrusive means possible, and whether the safety services in place are effectively controlling those threats. When safety concerns are present, a primary goal of the family team is the protection of citizens from crime and the fear of crime. The presence of individuals who are potentially dangerous requires that protection and supervision be sufficiently effective to dispel the fears of the public.
- **Gender/Age/Culturally Responsive Treatment:** Services reflect an understanding of the issues specific to gender, age, disability, race, ethnicity, and sexual orientation and reflect support, acceptance, and understanding of cultural and lifestyle diversity.
<http://store.samhsa.gov/shin/content/SMA14-4849/SMA14-4849.pdf>
- **Self-sufficiency:** Families will be supported, resources shared, and team members held responsible in achieving self-sufficiency in essential life domains. (Domains include, but are not limited to: safety, housing, employment, financial, educational, psychological, emotional, and spiritual.)
- **Education and Work Focus:** Dedication to positive, immediate, and consistent education, employment, and/or employment-related activities which results in resiliency, self-sufficiency, and improved quality of life for self, family, and the community.
- **Belief in Growth, Learning and Recovery:** Family improvement begins by integrating formal and informal supports that instill hope and are dedicated to interacting with individuals with compassion, dignity, and respect. Team members operate from a belief that every family desires change and can take steps toward attaining a productive and self-sufficient life.
- **Outcome-oriented:** From the onset of the family team meetings, levels of personal responsibility and accountability for all team members, both formal and informal supports are discussed, agreed-upon, and maintained. Identified outcomes are understood and shared by all team members. Legal, education, employment, child-safety, and other applicable mandates are considered in developing outcomes, progress is monitored and each team member participates in defining success. Selected outcomes are standardized, measurable, based on the life of the family and its individual members.

COMMUNITY ACCESS TO RECOVERY SERVICES (CARS)

Community Access to Recovery Services (CARS) is the Behavioral Health Division entity that manages the public-sector, community-based mental health and substance abuse system for adults in Milwaukee County. Historically known as SAIL (mental health) and Wiser Choice (substance abuse), CARS is now proudly functioning as a co-occurring integrated system of care.



BEHAVIORAL HEALTH DIVISION COMMUNITY Access to Recovery Services

VISION and GUIDELINES

VISION STATEMENT

The Milwaukee County Behavioral Health Division, through fostering strategic community partnerships, will become an Integrated Behavioral Health System providing a dynamic, and comprehensive array of services, including community based, emergency, and acute services, to meet the behavioral health care needs of individuals and families.

MISSION STATEMENT:

The Milwaukee County Behavioral Health Division through early assessment and intervention promotes hope for individuals and their families through innovative recovery programs in behavioral health wellness, recovery, research and education.

CLINICAL & PROGRAMMATIC GOALS

1. To achieve improved client and program outcomes by meeting the special multidimensional needs of eligible individuals with behavioral health disorders and their families who experience problems resulting from that alcohol and other drug abuse by providing treatment, outreach, intervention, care coordination, multi-system collaboration, and recovery support services that are gender and culturally responsive.
2. To target services to eligible individuals with behavioral health disorders and their families who are involved in multiple systems in order to provide coordinated services from those formal support systems using a systems of care approach and care coordination.
3. To facilitate and use a family-centered team model to develop plans that includes natural support and other system representatives.
4. To develop a system that reinforces and can measure the empowerment of consumers/participants and their involvement in the planning, design, implementation, and evaluation of the program, as well as their care plan.
5. To provide cross training and education to professionals who work with eligible individuals and their families and are from different systems in order to achieve positive client/family outcomes.
6. To provide, or arrange for, parenting education, vocational assistance, housing assistance, coordination with other community programs, treatment under intensive care (continuum of care).
7. To ensure that all services are delivered in a trauma informed and responsive environment.
8. To provide screening, information and linkages for Fetal Alcohol Spectrum Disorders (FASD).

Clinical & Ancillary Service Array

Placement Decisions:

Access Points (APs) are the front door for the Milwaukee County's public sector Substance Use Disorder, Behavioral Health and recovery services system. Milwaukee County offers several different access point locations. The AP's are the first point of contact for individuals seeking treatment or recovery support services for a substance use disorder or mental illness. The AP's determine eligibility and administer a co-occurring capable comprehensive screen that identifies strengths in multiple life domains such as: family, emotional health, education and employment, living environment, etc. They establish a clinical level of care for placement at a treatment facility and gather evaluative information. When individuals are found eligible, a referral is made to the treatment provider and/or recovery support provider of choice selected by the client.

Anger Management

The goal of Anger Management services is to help individuals manage their anger and their behavior when upset in an effective and appropriate manner. Anger management services teach individuals to deal with situations and problems in a more effective manner utilizing a skill-based approach. These services should help clients to:

- ✚ Learn basic problem solving skills in order to more effectively resolve problems,
- ✚ Utilize effective communication skills and interventions to promote non-violent conflict resolution, and
- ✚ Increase self-awareness and knowledge of stress management concepts.

The provider must complete an assessment or initial screening with every participant prior to service provision to screen for severe mental health or substance abuse issues that would interfere with fully participating in anger management. It is expected that each client file will contain, at a minimum, an initial assessment or intake form, progress notes, and sign-in sheets for all sessions conducted with the individual. Providers of this service are required to submit their program outline, which includes the length of the program, and topics to be addressed during each session. Any other specific requirements unique to the program should be identified. The agency provider must have demonstrated training or experience in providing this service for a period of at least 2 years. Anger Management - Family is not a group service but a service provided to an individual client with a family member or family members.

Method of delivery: Individual (1:1), Family or Group setting depending on Service Code authorized for the client. Groups should consist of no more than twelve (12) individuals per session.

AODA Day Treatment

Day treatment is a medically monitored, and non-residential substance abuse treatment service which consists of regularly scheduled sessions of various modalities, such as individual and group counseling and case management, provided under the supervision of a physician. Services are provided in a scheduled number of sessions per day and week, with each patient receiving a minimum of 12 hours of counseling per week. Must be certified as a DHS 75.12 day treatment service provider. ****ORGANIZATIONAL REQUIREMENTS** – A day treatment service may be a stand-alone service or may be co-located in a facility that includes other services.

AODA Medically Monitored Residential Treatment

A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient" DHS 75.11(1). The Provider is expected to use Evidence-Based Practices (EBPs) where such practices are available. The focus of the

individual counseling session should be on substance abuse treatment modalities rather than case management activities. The program shall make every effort to ensure that each client placed in the program attends each substance abuse group session by scheduling meetings and appointments requiring the client to be offsite (such as team meetings and doctor's appointments) outside of the substance abuse group schedule, where possible. The group size limits shall comply with DHS 75 group standards with no more than 8 clients per facilitator, with the total maximum size of 16 clients per group.

AODA Outpatient Treatment

These outpatient treatment services are non-residential treatment services totaling less than 12 hours (each) of counseling per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period" DHS 75.13(1). AODA Family Counseling is not a group service but a service provided to an individual client with a family member or family members.

AODA Transitional Residential Treatment

A transitional residential treatment service is a clinically supervised, peer-supported therapeutic environment with clinical involvement. The transitional residential program shall provide substance abuse treatment in a group format using an evidence-based curriculum on a schedule of no fewer than two (2) hours per week and a minimum of one (1) hour of individual counseling per week, provided by a licensed or certified substance abuse or mental health professional as allowed per DHS 75. The focus of the individual counseling session should be on substance abuse treatment modalities rather than case management activities. The program shall make every effort to ensure that each client placed in the program attends each substance abuse group session by scheduling meetings and appointments requiring the client to be offsite (such as team meetings and doctor's appointments) outside of the substance abuse group schedule whenever possible. The group size limits shall comply with DHS 75 group standards with no more than 8 clients per facilitator, with the total maximum size of 16 clients per group.

Bridge Housing

Bridge Housing provides a safe and clean environment for single adults and families with children under the age of 18 years old. A family is defined as a parent or parents having legal custody or working with the Bureau of Milwaukee Child Welfare to regain legal custody of their minor child(ren). It is required that there is at least one overnight or more per week with the child(ren). The anticipated length of stay in Bridge Housing is 90 days or less (maximum 30 days authorized at one time) as clients reintegrate in the community, consistent with the goals identified in their Single Coordinated Care Plan (IRP). The housing location will have staff supervision and be furnished. Providers will need to provide a description of residence and house rules. Residence must be city code compliant and must submit an occupancy permit if deemed necessary by the City of Milwaukee. Milwaukee County will conduct routine Housing Quality Standards inspections.

Child Care

Daily (up to 10 hours) - Supervision of a child (up to age 12) in a licensed Day Care facility (when there is three or more children at one time) so that the parent / legal guardian or caretaker may attend Child / Family Team meetings, therapy sessions related to meeting the needs of the Single Coordinated Care Plan or Treatment Plan. This service is not for the purpose of providing childcare during work hours for a parent caregiver. This is not an overnight service. A Day Care License is required.

Hourly - Supervision of a child for up to 4 hours in a licensed Day Care facility (if serving three or more children at one time). The purpose is to facilitate the attendance by parent / legal guardian or caretaker at Client/Family Team meetings, therapy sessions, but not for the purpose of providing child care during working hours for parent (s). A Day Care License is required.

Co-occurring Biomedically Enhanced Residential Treatment

A medically monitored treatment service operates as a 24-hour, community-based service providing observation, monitoring and treatment by a multidisciplinary team under supervision of a physician, with a minimum of 12 hours of counseling provided per week for each patient” DHS 75.11(1). Providers of this service must maintain clinic certification from the State of Wisconsin Department of Health Services, which is ‘active’ throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established in DHS 75.11, and other applicable requirements indicated throughout DHS 75. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and BHD Community Access to Recovery Services Quality Assurance Policies and Procedures that exceed those indicated in DHS 75. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

Co-occurring Bio medically Enhanced Residential Treatment Service is equivalent to ASAM Level III.7 Dually Diagnosed Capable Medically Monitored Intensive Inpatient Treatment. It is a residential service that provides a planned regimen of 24-hour professionally directed evaluation, observation, and medical monitoring and addiction/co I occurring treatment in an inpatient-type setting. It is appropriate for patients whose sub-acute biomedical and emotional, behavioral or cognitive problems are so severe that they require inpatient treatment, but who do not need the full resources of an acute care general hospital or a psychiatric hospital. The services of this program are designed to meet the needs of patients who have functional deficits in Dimensions 2 and 3 of the ASAM PPC-2R. For example, Dimension 2 problems could include such comorbid medical problems as poorly controlled hypertension or diabetes or a co-occurring chronic pain disorder that interferes with the patient’s ability to engage in a recovery program. Dimension 3 problems would include either a diagnosable comorbid DSM-IV Axis I disorder or symptoms of such a disorder that are subthreshold of diagnostic criteria, but interfere or distract from recovery efforts (for example, anxiety or hypomanic behavior), and thus require the availability of 24-hour nursing and medical interventions. The care is delivered by an interdisciplinary staff of appropriately credentialed treatment professionals, including a physician who is a board certified or eligible Addictionologist

Treatment is specific to substance-related disorders, but the skills of the interdisciplinary team and the availability of support services also can accommodate conjoint treatment of co-occurring sub-acute biomedical and/or emotional, behavioral or cognitive conditions. Individuals who have a greater severity of illness in Dimensions 2 and/or 3 require use of more intensive staffing patterns and support services. The service is required to be certified under DHS 75.11, and comply with the service description for an ASAM Level III.7 dually diagnosed capable program. This includes, but is not limited to, the following: A physician is available to assess the patient in person within 24 hours of admission and thereafter as medically necessary. Psychiatric services are available through consultation or referral. Such services are available within 8 hours by telephone or 24 hours in person. The facility is staffed 24 hours a day by nursing personnel. A registered nurse conducts an alcohol or other drug-focused nursing assessment at the time of admission. An appropriately credentialed and licensed nurse is responsible for monitoring the patient’s progress and for medication administration. Clinical staff is knowledgeable about the biological and psychosocial dimensions of substance dependence and mental disorders and have specialized training in behavior management techniques, and treatment includes clinical and didactic motivational enhancement strategies that are appropriate to the patient’s stage of readiness to change.

Community Employment Program

This service provides assistance to individuals in completing the tasks necessary to obtain employment. The provider must complete an employability assessment with every participant prior to service provision, which includes an analysis of the individual’s job skills, employment history and employment educational goals. The provider must also complete a job development plan, which includes the activities and training necessary to achieve the goals identified in the employability assessment. It is expected that each client file will contain, at a

minimum, an employability assessment, a job development plan, a completed resume, a completed list of references, progress notes, and sign-in sheets for all sessions conducted with the individual. The client must receive a minimum of 60 minutes of service on any given day in order for the agency provider to receive payment for services, and this time must be spent one-on-one with the individual on job readiness skills such as mock interviewing, resume building, career exploration, filling out applications, teaching appropriate job behavior, etc. with the exception of up to 2 group sessions per month. Additional time should also be provided to the client to allow for internet employment searches, faxing of documents, making copies, utilizing the computer, etc. The agency provider must have demonstrated training or experience in providing this service and must submit a Community Employment Program Outline, which identifies the method(s) that will be utilized for assessing the individual's needs and assisting with obtaining employment.

Method of delivery: Individual (1:1) OR Group setting – services may be provided in the community or at the Provider's site, the majority of sessions must be conducted on an individual basis (each individual client should receive no more than 2 group sessions every 30 days for general topic presentations only).

Daily Living Skills

Daily Living Skills Services are those services that are designed to teach or enhance the skills of individuals related to the day-to-day activities necessary for self-care, home management, employment and leisure. These services refer specifically to *Instrumental Activities of Daily Living*, which are those activities that enable the individual to live independently within a community, and ultimately enhance the individual's quality of life. Services should provide clients with ongoing support and training in everyday practical and financial matters. Education and training topics for this service may include, but are not limited to, housework, nutrition, meal preparation and clean-up, shopping, financial management and budgeting, banking, pet care, community mobility and transportation, health management and maintenance, hygiene, safety procedures and emergency responses, etc. This service is conducted in a group setting and provides general information related to the training topics indicated above. Agency providers are required to submit a training curriculum, along with a list of references pertaining to the resources that will be utilized to provide this service (i.e. videos, workbooks, training materials, etc.) It is expected that each client file will contain at a minimum, client-specific progress notes and sign-in sheets for all sessions conducted with the individual.

Method of delivery: Group setting – services may be provided in the community or at the Provider's site. Individual (1:1) setting – services may be provided in the community or at the Provider's site.

Domestic Violence Batterer Services

The primary goal of Domestic Violence Batterer Services is to end domestic violence, including but not limited to physical, emotional, sexual and economic abuse, as well as threats of violence and social isolation of a partner. Program curriculum must address the batterer's beliefs and attitudes towards violence, including information about power and control issues, address the issues of sexism and gender role stereotyping, encourage personal responsibility by challenging batterers about their negative and/or sexist attitudes and beliefs which support their abusive behaviors, and teach skills for nonviolent behavior.

Providers must have a safety planning procedure in place to follow when the batterer's behavior in the program indicates a potential threat to the victim; including a reporting procedure to follow if there is confirmed knowledge of any recurrence(s) of violence or threats of violence. As a result of group sessions being a potentially sympathetic environment for batterers to reinforce each other's attitudes, behaviors and actions which promote violence and condone the value of controlling their partners and others, the program must acknowledge this dangerous side effect and have written policies advising facilitators how to address it. Programs must address the unique needs of special populations (people of color, people with limited literacy, differently-abled, homosexuals, etc.) in program development and implementation.

Agencies approved to provide this service will be those whose primary objective it is to offer programs and services to individuals and families affected by domestic violence. In other words, the agency or program within the agency must identify itself as either a **Domestic Abuse Program**-an organization which provides

safety for battered women or men and their children in a shelter or safe home network or at a minimum provide services such as crisis counseling and advocacy, 24 hour crisis phone services and support groups for battered women or men,

OR

A **Program for Batterers** - an organization providing primary treatment such as education or counseling services for individuals who have admitted to committing acts of domestic violence or who have been convicted of such. The agency provider must be able to demonstrate expertise in working with this population through the provision of active programs and services addressing domestic violence issues for a minimum of 2 years, and must have specific experience providing Domestic Violence Batterer Services. The agency must submit a Program Outline, which identifies the topics and discussion that are to be covered during group sessions, including a description of any educational materials to be used. It is expected that each client file will contain at a minimum, client-specific progress notes and sign-in sheets for all sessions conducted with the individual.

This service cannot include efforts to engage the batterer with his/her victim. (Criteria established for this service description taken from the 1996 male Batterers Treatment Standards for State-Funded Domestic Abuse Batterers Treatment Grants/Contracts from the State of Wisconsin.)

Method of delivery: Individual (1:1) or Group setting

Education/Academic Skills Development

This service may be provided individually or by small group instruction (no more than 4 in a group). The services, which are designed to aid in skill development and assist individuals in achieving their personal and/or employment goals, may include literacy services or assistance with obtaining a high school diploma (HSD) or a general education diploma (GED). The agency provider must have demonstrated training or experience in providing this service and must submit an Education/Academic Skills Development Program Outline, which identifies the methods for assessing the individual's skills and abilities, along with the tools, and educational materials that will be utilized to help the participant prepare for the exam. It is expected that each client file will contain, at a minimum, an assessment, a skills development plan, completed exercises, quizzes or exams, progress notes and sign-in sheets for all sessions conducted with the individual. A copy of the assessment tool and a detailed reference list of the educational materials utilized for this service must be included with the agency's application.

Method of delivery: Individual (1:1) or Group setting

Faith Focused Outpatient Treatment

Outpatient treatment services are non-residential treatment services totaling less than 12 hours of counseling (each) per patient per week, which provides a variety of evaluation, diagnostic, crisis and treatment services relating to substance abuse to ameliorate negative symptoms and restore effective functioning. Services include individual counseling and intervention and may include group therapy and referral to non-substance abuse services that may occur over an extended period" DHS 75.13(1). Faith-focused family counseling services include a variety of evaluation, diagnostic, crisis and treatment services relating to substance use and involve direct and systematic incorporation of faith/religion to ameliorate negative symptoms and restore effective functioning. Providers are expected to follow recommended ethical guidelines regarding the explicit use of faith/religion or spirituality in clinical practice.

Health and Physical Comprehensive Metabolic Panel

Clients with Substance Use Disorders (SUDs) are at a higher risk for a significant medical condition that may affect their involvement in treatment, such as physical disabilities, tuberculosis, hepatitis, HIV/AIDS, and other debilitating diseases. Clients who will be receiving MAT are required to have a Health and Physical

prior to beginning services with their MAT provider.

Housing Assistance

This service assists families to locate and secure affordable and safe housing as needed. Services may include accessing housing referral service, assisting with relocation, tenant/landlord counseling, repair mediation, and other identified housing needs. This service will pay out a maximum of \$150.00 per enrollment. Providers supplying this service may not refer participants to their own rental units. The agency provider must submit a Housing Assistance Outline, which identifies the method(s) that will be utilized for assisting the individual's housing needs and locating housing for the client.

Method of delivery: Individual (1:1) setting – the majority of sessions should be conducted either in the community or in the client's residence, although some sessions may be appropriately held at the Provider's site.

Medication Assisted Treatment –Vivitrol

VIVITROL® is approved by the U.S. Food and Drug Administration (FDA) for the treatment of alcohol dependence as well as for the prevention of relapse to opioid dependence, following opioid detoxification. As the first and only non-narcotic, non-addictive, once-monthly medication for both alcohol and opioid dependence, VIVITROL uses Alkermes' proprietary Medisorb® technology to deliver and maintain therapeutic medication levels in the body through just one injection every month. Given the potential high need for this service and the limited availability for Medication Assisted Treatment (MAT) funds, it is required that the utilization of this service should be limited to clients for whom access to MAT will remove triggers to relapse or obstacles to recovery, within the limits of available funding.

Method of delivery: Individual (1:1) setting.

Mental Health Outpatient Treatment

Outpatient mental health services means the services offered or provided to a consumer, including intake, assessment, evaluation, diagnosis, treatment planning, psychotherapy and medication management" DHS 35.03 (14). Providers of this service must maintain DHS 35 clinic certification from the State of Wisconsin Department of Health Services, which is 'active' throughout the entire duration of the agreement with Milwaukee County Department of Health and Human Services. It is expected that all providers adhere to the requirements established throughout DHS 35. This would include, but is not limited to, maintaining appropriately credentialed and experienced personnel as indicated, ensuring that all required case record documentation is contained in every client file, and that all documentation contains appropriate signatures. It is important to note that there are documentation requirements indicated in the Fee for Service Agreement and BHD Community Access to Recovery Services Quality Assurance Policies and Procedures that exceed those indicated in the statutes. Providers are expected to familiarize themselves with these requirements, and be in compliance with such.

MH Outpatient Family Counseling is not a group service but a service provided to an individual consumer with a family member or family members.

Parent Assistance

This service provides assistance to parents and caregivers to improve upon parenting skills, by teaching, modeling and monitoring appropriate child care methods such as rule setting, time outs, etc. The Parent Assistant acts as a guide and support for the parent and may provide information and advocacy on child development and age appropriate needs and expectations. The service provider should have the skills and knowledge to help the parent in locating natural supports in their community, such as parenting support groups, age-appropriate child educational and recreational activities, MAT and other such resources. This service may also provide home health and personal care services such as bathing, dressing, budgeting and organization of the home, as identified in the Single Coordinated Care Plan. Service providers should have a knowledge of community resources and be able to provide assistance with securing needed basic resources such as food,

clothing, furniture, medicine, etc. The provider must complete an assessment with every participant prior to service provision, which includes an analysis of the individual's parenting skills, natural support system and parenting goals. The provider must also complete a plan of care, which includes the activities necessary to achieve the goals identified in the assessment. It is expected that each client file will contain, at a minimum, an assessment, a plan of care, progress notes and sign-in sheets for all sessions conducted with the individual. The agency provider must have a Parenting Assistance Program Outline, which identifies the method(s) that will be utilized for assessing the individual's needs and assisting with improving parenting skills. This outline should include the community resources that will be utilized in assisting participants.

Method of delivery: Individual (1:1) setting – the majority of sessions should be conducted either in the community or in the client's home, although some sessions may be appropriately held at the Provider's site.

Parenting Class

This service assists parents by providing information on child development and parenting techniques as well as networking with other parents with similar circumstances. Topics covered during classes may include effective parenting techniques, child/adolescent development, issues related to specific developmental stages, building self-esteem, communication skills, appropriate discipline techniques, anger management, conflict resolution, and other similar topics. The agency provider must have demonstrated training or experience in providing this service and must submit a Parenting Class Program Outline which identifies the topics and discussion that are to be covered in each class, along with a list of references pertaining to the resources that will be utilized to provide this service (i.e. videos, workbooks, training materials, etc.). It is expected that each client file will contain at a minimum, client-specific progress notes and sign-in sheets for all sessions conducted with the individual.

Method of delivery: Group setting – services may be provided in the community or at the Provider's site

Peer Mentoring (for civilians)

Peer Mentors are individuals who share the lived experience of addiction and/or mental illness and recovery and who act as a mentor to provide one-on-one support to assist participants. Their understanding of shared experience and culture enables them to provide non-judgmental support to those individuals who often feel isolated and misunderstood. Peer Mentors are carefully screened, trained, and supervised. All referrals are made keeping the best interests of the participant in mind. A Peer Mentor must possess the knowledge and experience necessary to safely and effectively provide support services to those people receiving mental health and/or substance abuse services. A Mentor is engaged to develop a one-on-one relationship and function as both a positive role model and advocate for individuals involved with CARS programming. Although peer mentors support discussions that can facilitate the strengthening of an individual, a peer mentor is not a professional counselor, and some individuals may have needs that fall beyond the scope of a peer-to-peer program, requiring professional support. Providing peer support training to mentors, many of whom are already providing informal social support, could increase the effectiveness of the individual providing support as well as increase his or her ability to identify a potentially high-risk situation before a crisis event occurs.

Adequate training must be provided to peer mentors so they are able to:

- ✚ Identify and be aware of signs of stress
- ✚ Know when to reach out to others for assistance
- ✚ Facilitate referrals to additional resources
- ✚ Follow through with individuals to monitor improvement
- ✚ Adhere to strong confidentiality agreements

Matching Mentors: Mentors and mentees should be matched in a person-centered manner and should be based on client choice. In making a match, the Mentorship Organization should consider factors such as: strengths, needs, mutual interest, life experiences and other commonalities.

The role of the Peer Mentor includes, but is not limited to:

- ✚ Advocating for the needs of the Individual and his or her family;
- ✚ Teaching the person how to develop skills necessary to advocate for himself/herself;
- ✚ Serving as a mentor to the participant instilling a sense of hope that resiliency and recovery are achievable goals;
- ✚ Assist in navigating multiple service systems
- ✚ Collaborate with community providers and community support agencies.
- ✚ Assist in obtaining employment and housing;
- ✚ Fill out documentation after every peer contact within a defined time period;

Who can be a Mentor?

Individuals, who wish to be considered as a mentor, shall meet all of the eligibility criteria and must be approved by BHD Contract Management.

Peer Mentoring (Veteran)

Veteran Peer Mentors are U.S. military veterans who act as a mentor and provide one-on-one support to struggling veterans. Their understanding of the military experience and culture enables them to provide non-judgmental support to those veterans who often feel isolated and misunderstood. The Veteran Peer Mentor Program provides a unique and rewarding opportunity—the opportunity to make a powerful difference in the lives of other veterans and have a positive impact on the community! Veteran Peer Mentors are carefully screened, trained, and supervised. The decision to appoint or not appoint a veteran peer mentor (whether initially or upon renewal) rests with the Veteran Peer Program Supervisor. All appointments are made keeping the best interests of the Veteran(s) in mind. A Veteran Peer Mentor must possess the knowledge and experience necessary to safely and effectively provide support services to veterans receiving mental health and substance abuse services. A Veteran Peer Mentor is engaged to develop a one-on-one relationship and function as both a positive role model and advocate for Veterans involved with the Milwaukee County Drug Court Program, Veterans Treatment Court Initiative and/or Veterans who could benefit from peer mentoring services. Although Veteran Peer Mentoring support discussions can facilitate the strengthening of an individual, a Veteran Peer Mentor is not a professional counselor, and some individuals may have needs that fall beyond the scope of a peer-to-peer program, requiring professional support. Providing Veteran Peer support training to service members and veterans, many of whom are already providing informal social support, could increase the effectiveness of the individual providing support as well as increase his or her ability to identify a potentially high-risk situation before a crisis event occurs.

Adequate training must be provided to Veteran Peer Mentors so they are able to:

- ✚ Identify and be aware of signs of stress
- ✚ Know when to reach out to others for assistance
- ✚ Facilitate referrals to additional resources
- ✚ A program must be able to follow through with individuals to monitor improvement
- ✚ Individuals must feel safe to make use of the program
- ✚ Strong confidentiality agreements

Matching Mentors: Mentors and mentees should be matched in a person-centered manner and should be based on client choice. In making a match, the Mentorship Organization should consider factors such as branch and type of service, strengths, needs, mutual interest, life experiences, trauma history, and other commonalities. The role of the Veteran Peer Mentor includes, but is not limited to:

- ✚ Advocating for the needs of the Veteran and his or her family;
- ✚ Teaching the Veteran how to develop skills necessary to advocate for himself/herself;
- ✚ Serving as a mentor to the Veteran, instilling a sense of hope that resiliency and recovery are achievable goals;
- ✚ Assist the Veteran in navigating multiple service systems;
- ✚ Assist in determining eligibility for VA Health Care and connecting Veterans to such services;
- ✚ Collaborate with community providers and Veteran support agencies to assist Veterans not eligible/not appropriate for VA Health Care in obtaining alternate affordable treatment options;
- ✚ Assist Veterans in obtaining employment and housing;
- ✚ Fill out documentation after every peer contact within a defined time period;
- ✚ Attend or hold outreach events in the community to educate the Veteran population and encourage Peer Support Participation

Who can be a Mentor?

Individuals, who wish to be considered as a mentor, shall meet all of the eligibility criteria:

- ✚ Military veterans, active and retired, approved by BHD Contract Management.

Recovery House

Recovery Houses provide a safe, clean and sober environment for adults with substance abuse disorders or co-occurring substance abuse and mental health disorders. Individuals living in a Recovery House are required to be engaged in an outpatient or day treatment level of care. The anticipated length of stay in Recovery House is expected to be of relatively short duration as the individual reintegrates into the community, consistent with the goals identified in their Individual Recovery Plan (IRP). Recovery House is staffed 24 hours a day by salaried paraprofessional staff (staff employees are paid by salaries and not by stipend and are not peer mentors). Recovery House is a structured recovery environment that provides sufficient stability to prevent or minimize relapse or continued use and continued problem potential.

Recovery House is intended to assist the individual to integrate relapse prevention and recovery skills to achieve autonomy, including gainful employment and independent living in the community. Individuals are expected to participate in vocational/educational services as identified in their IRP while living in a Recovery House. Services on-site emphasize individual and group living skills promoted through the use of community or house meetings of residents and staff, as well as services required by DHS 83, including room and board and medication monitoring. Mutual/self-help meetings may be available on-site. Recovery House plus an outpatient level of care approximate an ASAM Level III.1 residential service. Recovery House coupled with a day treatment level of care approximates an ASAM Level III.5 residential service. Recovery Houses are required to be licensed under DHS 83 as a community based residential facility (CBRF), and are expected to comply with local zoning regulations. Applications must include current CBRF license, staff schedule showing 24-hour coverage, and a schedule supporting a structured recovery environment, as well as daily assignment listing for residents and house rules supporting a recovery milieu. If you are a current CARS residential clinical treatment provider or Recovery Support service housing provider (i.e. pre-existing Transitional Housing provider, Room and Board Housing provider and Emergency/Temporary Housing provider), please submit the following along with your application materials:

- ✚ Delineate programmatic separation if concurrent programs operate out of the same facility, as well as the physical separation to minimize or prevent combining of populations
- ✚ Description of how this level of care is distinguished from the current level of care you are currently providing

- ✚ Detailed description of the programming that will be provided to your Recovery House clients,
- ✚ Information that will be used for orientation purposes, such as program rules and guidelines, etc.

Recovery Support Coordination / Case Management

To assure that clients who, at the time of screening present with the highest degree of risk and need for coordination receive appropriate services and all available resources, BHD uses an approach to Recovery Support Coordination and Case Management based on a nationally-recognized model developed by Milwaukee County's Wraparound Program. A central tenet of the role of the RSC and Case Manager involves actively coordinating the process of service planning and delivery, as well as the traditional case management function of helping the client to access services.

The RSC helps the client to form a Recovery Support Team (RST) consisting of both formal and informal/natural supports. The formal supports consist of representatives from various systems with whom the client and family are involved, (e.g., treatment, recovery support providers, CJ, TANF, child welfare, etc.). Informal supports may include relatives, friends, clergy or other members of the faith community, school personnel, and/or other community members. The purpose of the team is to assist the client to develop and achieve the goals of an Individual Recovery Plan (IRP) that incorporates the needs of the client and the requirements and resources of all involved systems.

Case Management

It is expected that there will be many individuals who do not have the high-intensity needs that require the services of an RSC, but who are still in need of regular contact to remain engaged in treatment and receive light case management. A request can and should be made for a move to Case Management services so that light care coordination and continued engagement in the treatment process can be completed.

Room and Board

Room and Board housing provides a safe, clean and sober environment for adults with substance abuse disorders or co- occurring substance abuse and mental health disorders. Individuals living in a Room and Board house are required to be engaged in AODA treatment. The anticipated length of stay is ninety days or less as the individual reintegrates into the community, consistent with the goals identified in their Individual Recovery Plan (IRP). A Room and Board facility is required to be licensed as a Community Based Residential Facility (CBRF), under DHS 83, by the State of Wisconsin and is expected to comply with local zoning regulations. Applications must include current CBRF license and staff schedule showing 24-hour coverage. Medication monitoring services can be provided if "the resident requests in writing CBRF employees manage and administer medications." DHS 83.37(2) (a). Room and Board facilities must provide meals to residents, and length of stay will not be authorized beyond ninety days unless deemed appropriate by Milwaukee County Behavioral Health Division-SAIL. Providers must provide a description of the residence, a copy of all admissions paperwork including the house rules and a completed Housing Profile Packet with the application.

Spiritual Support

This service supports the participant's recovery plan and may cover spirituality in recovery and spiritual growth and development. This service provides spiritual support specific to the provider's identified faith or denomination and must be provided under the auspices of an identified church or congregation. The agency provider, which must be a Faith- Based Organization, is required to identify the faith or denomination affiliation, and must clearly describe how faith/religion will be incorporated into the delivery of services. This service is individualized and time limited. Spiritual Support - Family is not a group service but a service provided to an individual client with a family member or family members.

Method of delivery: Individual (1:1), Family or Group setting depending on Service Code authorized for the client.

Work Adjustment Training

This service is a facility-based work service that provides a variety of paid work opportunities at a fair-market hourly rate. The provider must complete an individual employment plan with participants and each individual must participate in an integrated work setting. Hands-on, paid training services may include food service, assembly/packing training and/or assembly/spot welding. This service is designed for those agency providers who have an established work program (minimum of 5 years) and a history of working with individuals with a mental health and/or an AODA diagnosis.

Method of delivery: Facility-based work service

Access Points (APs) - Agencies Providing the Service:

IMPACT 6737 W. Washington Street, Suite 2225 West Allis, WI 53214 Phone: 414-649-4380 Fax: 414-649-4388	Justice Point 205 W. Highland Avenue Milwaukee WI 53203 Phone: 414-552-8079 Fax: 414-908-0289	M&S Clinical Services 2821 N. 4th Street, Suite 516 Milwaukee, WI 53212 Phone: 414-263-6000 Fax: 414-263-2270
WCS 3732 W. Wisconsin Avenue Suite 340 Milwaukee, WI 53208 Phone: 414-343-3580 Fax: 414-290-0464		

Anger Management - Agencies Providing the Service:

Alternatives in Psychological Consultation, S.C. (APC) (WCFF) APC – North 10045 W. Lisbon Avenue, Ste. 200 Wauwatosa WI 53222 Phone: 414-358-7144 Fax: 414-358-7158	APC – South 6737 W. Washington St. Suite #1300 (3 rd floor) West Allis WI 53214 Phone: 414-358-7144 Fax: 414-358-7158	Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capitol Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355
Empathetic Counseling – South 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018	Guest House (WCFF) 1216 N. 13 th Street Milwaukee WI 53205 Phone: 414-316-2045 Fax: 414-345-3248	Lutheran Counseling & Family Services of Wisconsin (FBO) 3800 N. Mayfair Rd. Wauwatosa WI 53222 Phone: 414-536-8348 Fax: 414-536-8348

AODA Day Treatment - Agencies Providing the Service:

Access Recovery Mental Health Services (ARMHS) 2727 W. Cleveland Avenue, Suite 204 Phone: 414-269-8356 Fax: 414-455-1915	AIDS Resource Center of Wisconsin (ARCW) AODA Treatment Program 820 N. Plankinton Avenue Milwaukee WI 53203 Phone: 414-223-6828 Fax: 414-223-6810	Arunobi Integrated Medical Behavior Health Clinic (AIM) 5325 W. Burleigh Street Milwaukee, WI 53210 Phone: 414-810-0550 Fax: 414-810-0587

Lockett Enterprises LLC. (OP/DT) 1845 North Farwell Avenue, Suite 301 Milwaukee, WI 53202 Phone: 414 223-3815 Fax: 414 223-3817	Meta House (WCFF) (Gender Specific – Female) Meta – Weil Street 2625 N. Weil Street Milwaukee WI 53212 Phone: 414-962-1200 Fax: 414-962-2305	United Community Center (WCFF) UCC – Outpatient 1111 S. 6 th Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602
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AODA Medically Monitored Residential Treatment - Agency Providing the Service:

Meta House (WCFF) (Gender Specific – Female) Bremen 1 2618 N. Bremen Street Milwaukee WI 53212 Phone: 414-962-1200 Fax: 414-962-2305	Meta House (WCFF) (Gender Specific – Female) Bremen 2 2626 N. Bremen Street Milwaukee WI 53212 Phone: 414-962-1200 Fax: 414-962-2305	United Community Center (WCFF) UCC – (M) 604 W. Scott Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602
UCC – (F) 1123 S. 6 th Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602	UCC – (F) 614 W. Scott Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602	

AODA Outpatient Treatment - Agencies Providing these Services:

Access Recovery Mental Health Services (ARMHS) 2727 W. Cleveland Avenue, Suite 204 Phone: 414-269-8356 Fax: 414-455-1915	AIDS Resource Center of Wisconsin 820 W. Plankinton Avenue Milwaukee WI 53203 Phone: 414-223-6828 Fax: 414-223-6810	Alternatives in Psychological Consultation, S.C. (WCFF) – North 10045 W. Lisbon Avenue, Ste. #200 Wauwatosa WI 53222 Phone: 414-358-7144 Fax: 414-358-7158
Alternatives in Psychological Consultation – South 6737 W. Washington St. Suite #1300 (3 rd floor) West Allis WI 53214 Phone: 414-358-7144 Fax: 414-358-7158	Arunobi Integrated Medical Behavior Health Clinic 5325 W. Burleigh Street Milwaukee, WI 53210 Phone: 414-810-0550 Fax: 414-810-0587	Benedict Center (WCFF/FBO) 1849 N. Dr. Martin Luther King Dr. Suite 101 Milwaukee WI 53203 Phone: 414-347-1774 Fax: 414-347-0148
Empathetic Counseling Services (WCFF/FBO)- North 6815 W. Capital Drive Suite 311 Milwaukee WI 53216	Empathetic Counseling Services – South 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000	Guest House (WCFF) 1216 N. 13 th Street Milwaukee WI 53205 Phone: 414-316-2045 Fax: 414-345-3248

Phone: 414-828-5617 Fax: 414-875-2355	Fax: 414-643-1018	
La Causa, Inc. (WCFF) 5235 N. Ironwood Road Glendale, WI 53217 Phone: 414-902-1526 Fax: 414-771-7491	Lockett Enterprises LLC. (OP/DT) 1845 North Farwell Avenue, Suite 301 Milwaukee, WI 53202 Phone: 414 223-3815 Fax: 414 223-3817	Lutheran Counseling & Family Services of Wisconsin (FBO) 3800 N. Mayfair Rd. Wauwatosa WI 53222 Phone: 414-536-8348 Fax: 414-536-8348
Meta House (WCFF) (Gender Specific – Female) 2625 N. Weil Street Milwaukee WI 53212 Phone: 414-962-1200 Fax: 414-962-2305	Outreach Community Health Centers, Inc. 711 W. Capitol Dr. Milwaukee WI 53206 Phone: 414-727-6320 Fax: 414-727-6321	Outreach Community Health Centers, Inc. 210 W. Capitol Dr. Milwaukee WI 53206 Phone: 414-727-6320 Fax: 414-727-6321
Sebastian Family Psychology (WCFF) 1720 W. Florist Street, Ste. #125 Glendale WI 53209 Phone: 414-247-0801 Fax: 414-247-0816	St. Charles Youth & Family Services (WCFF/FBO) St. Charles – North 4757 N. 76th Street Milwaukee WI 53218 Phone: 414-358-4145 Fax: 414-358-5002	St. Charles – South 151 S. 84 th Street Milwaukee WI 53214 Phone: 414-358-4145 Fax: 414-358-5002
United Community Center (WCFF) UCC – Outpatient 1111 S. 6 th Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602	WCS – Unlimited Potential 3732 W. Wisconsin Avenue Suite 200 Milwaukee, WI 53208 Phone: 414-290-0473 Fax: 414-290-0464	Word of Hope Ministries (WCFF/FBO) 2677 N. 40 th Street Milwaukee WI 53210 Phone: 414-447-1965 Fax: 414-447-1964

AODA Transitional Residential Treatment - Agencies Providing the Service:

Genesis Behavioral Services, Inc. (WCFF) (Mix Gender Facility) 5427 W. Villard Street Milwaukee WI 53218 Phone: 414-376-5445 For Female referrals contact: Charlene Stinson, RA, charlene.stinson@gbswi.com fax # 414-249-3206 For Male referrals contact: Cassandra Haywood, RA, cassandra.haywood@gbswi.com fax # 414-249-3206		Matt Talbot Recovery Services, Inc. (WCFF). 2nd Century (F) 2187 S. 85 th Street Milwaukee WI 53227 Phone: 414-342-5474 Fax: 641-9126
Matt Talbot (M) 2613 W. North Avenue Milwaukee WI 53205 Phone: 414-342-5474 Fax: 414-641-9126	United Community Center (WCFF) UCC – (M) 604 W. Scott Street Milwaukee WI 53204	UCC – (F) 1123 S. 6 th Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602

	Phone: 414-643-8530 Fax: 414-647-8602	
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Bridge Housing - Agencies Providing the Service:

Meta House (WCFF) (Gender Specific – Female) 128 W. Locust Street Milwaukee WI 53212 Phone: 414-962-1200 or 414-977-5880 Fax: 414-962-2305	Our Safe Place (WCFF) 740 N. 29th Street Milwaukee WI 53208 Phone: 414-933-7689 Fax: 414-933-9093	Our Safe Place (WCFF) 2743 W. Highland Avenue Milwaukee, WI 53208 Phone: 414-933-7689 Fax: 414-933-9093
WI Nazarene Center (WCFF) 2904 W. Wells Street Milwaukee WI 53208 Phone: 414-342-5959 Fax: 414-342-1324		

Child Care - Agency Providing these Services:

Early Education and Care Center (WCFF) La Causa, Inc. 809 W. Greenfield Ave. Milwaukee WI 53204 Main Line: 414-647-5980 Fax: 414-755-1370
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Temporary care required to relieve the principal care giver of the stress in taking care of a child/children or for other reasons that help sustain the family structure, or meet the needs of the child. Respite care may be provided in the client's home or in the home of the respite provider. For emergency consideration only.

Agency Providing these Services:

Crisis Nursery and Respite Center (WCFF) La Causa, Inc. 522 W. Walker St. Milwaukee WI 53204 Main Line: 414-902-1620 Fax: 414-647-5992

Co-occurring Bio medically Enhanced Residential Treatment - Agency Providing the Service:

Matt Talbot Recovery Services, Inc. First Step Community Recovery Center
2835 N. 32nd Street
Milwaukee WI 53210
Phone: 414-930-4529
Fax: 414-342-4480

Community Employment Program - Agencies Providing the Service:

Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capital Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355	Empathetic – South 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018	Goodwill Industries of Southeastern WI (WCFF) Goodwill – North 6055 N. 91 st Street Milwaukee WI 53225 Phone: 414-847-4826 Fax: 414-847-4298
Goodwill – Downtown 819 N. 6 th Street Milwaukee WI 53203 Phone: 414-847-4826 Fax: 414-847-4298	Goodwill – South 5400 S. 60 th Street Greendale WI 53129 Phone: 414-847-4826 Fax: 414-847-4298	Multicultural Community Services (WCFF) 5174 N. Hopkins Street Milwaukee WI 53209 Phone: 414-527-1010 Fax: 414-527-0100

Daily Living Skills - Agencies Providing the service:

Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capital Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355	Empathetic – South 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018	Meta House (WCFF) (Gender Specific – Female) 2625 N. Weil Street Milwaukee WI 53212 Phone: 414-977-5871 Fax: 414-962-2305
Milwaukee Center For Independence (WCFF) 2020 W. Wells Street Milwaukee WI 53233 Phone: 414-937-2020 Fax: 414-937-2021	St. Charles Youth & Family Services (WCFF/FBO) St. Charles – North 4757 N. 76 th Street Milwaukee WI 53218 Phone: 414-358-4145 Fax: 414-358-5002	St. Charles – South 151 S. 84 th Street Milwaukee WI 53214 Phone: 414-358-4145 Fax: 414-358-5002

Domestic Violence Batterer Services - Agency Providing the Service:

** Currently no providers

Domestic Violence Victim Services - Agency Providing the Service:

** Currently no providers

Education/Academic Skills Development - Agencies Providing the Service:

Benedict Center (WCFF/FBO) 1849 N. Dr. Martin Luther King Dr. Suite 101 Milwaukee WI 53203 Phone: 414-347-1774 Fax: 414-347-0148	Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capital Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355	Empathetic – Mitchell Street 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018
Meta House (WCFF) (Gender Specific – Female) Meta – Weil Street 2625 N. Weil Street Milwaukee WI 53212 Phone: 414-962-1200 Fax: 414-962-2305	Multicultural Community Services (WCFF) 5174 N. Hopkins Street Milwaukee WI 53209 Phone: 414-527-1010 Fax: 414-527-0100	

Faith Focused Outpatient Treatment - Agencies Providing these Services:

Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capital Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355	Empathetic – Mitchell Street 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018	Word of Hope Ministries, Inc. (WCFF/FBO) 2677 N. 40 th Street Milwaukee WI 53210 Phone: 414-447-1965 Fax: 414-447-1964
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Health and Physical Comprehensive Metabolic Panel - Agency Providing the Service:

Outreach Community Health Centers, Inc.
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OCHC – 2 nd Street 210 W. Capitol Dr. Milwaukee WI 53206 Phone: 414-727-6320
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Housing Assistance - Agencies Providing the Service:

Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capital Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355	Empathetic – Mitchell 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018	Milwaukee Center for Independence (WCFF) 2020 W. Wells Street Milwaukee WI 53233 Phone: 414-937-2069 Fax: 414-937-2021
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Medication Assisted Treatment –Vivitrol - Agencies Providing the Service:

Arunobi Integrated Medical Behavior Health Clinic 5325 W. Burleigh Street Milwaukee, WI 53210 Phone: 414-810-0550 Fax: 414-810-0587	Matt Talbot Recovery Services/Horizon HealthCare, Inc. First Step Community Recovery Center 2835 N. 32 nd Street Milwaukee WI 53210 Phone: 414-930-4529 Fax: 414-342-4480	Outreach Community Health Centers, Inc. OCHC – 2 nd Street 210 W. Capitol Dr. Milwaukee WI 53206 Phone: 414-727-6320 Fax: 414-727-6321
OCHC – 7th Street 711 W. Capitol Dr. Milwaukee WI 53206 Phone: 414-727-6320 Fax: 414-727-6321		

Mental Health Outpatient Treatment - Agencies Providing these Services:

Alternatives in Psychological Consultation, S.C. (WCFF) APC – North 10045 W. Lisbon Avenue, Ste. #200 Wauwatosa, WI 53222 Phone: 414-358-7144 Fax: 414-358-7158	APC – South 6737 W. Washington St. Suite #1300 (3 rd floor) West Allis WI 53214 Phone: 414-358-7144 Fax: 414-358-7158	Guest House (WCFF) 1216 N. 13 th Street Milwaukee WI 53205 Phone: 414-316-2045 Fax: 414-345-3248

La Causa, Inc. (WCFF) 5235 N. Ironwood Road Glendale, WI 53217 Phone: 414-902-1526 Fax: 414-771-7491	Outreach Community Health Center 210 W. Capitol Drive Milwaukee, WI Phone: 414-727-6320 Fax: 414-727-6329	United Community Center (WCFF) 1111 S. 6 th Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602
WCS – Unlimited Potential 3732 W. Wisconsin Avenue Suite 200 Milwaukee, WI 53208 Phone: 414-290-0473 Fax: 414-290-0464		

Parent Assistance - Agencies Providing the Service:

Meta House (WCFF) (Gender Specific – Female) 2625 N. Weil Street Milwaukee WI 53212 Phone: 414-962-1200 Fax: 414-962-2305	Milwaukee Center for Independence (WCFF) 2020 W. Wells Street Milwaukee WI 53233 Phone: 414-937-2069 Fax: 414-937-2021	St. Charles Youth & Family Services (WCFF/FBO) St. Charles – North 4757 N. 76 th Street Milwaukee WI 53218 Phone: 414-358-4152 Fax: 414-358-5005
St. Charles – South 151 S. 84 th Street Milwaukee WI 53214 Phone: 414-358-4152 Fax: 414-358-5005		

Parenting Class - Agencies Providing the Service:

Benedict Center (WCFF/FBO) 1849 N. Dr. Martin Luther King Dr. Suite 101 Milwaukee WI 53203 Phone: 414-347-1774 Fax: 414-347-0148	Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capital Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355	Empathetic – Mitchell Street 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018
Meta House (WCFF) (Gender Specific – Female)	Milwaukee Center for Independence (WCFF) 2020 W. Wells Street	Sebastian Family Psychology (WCFF) 1720 W. Florist Avenue, Ste.

2625 N. Weil Street Milwaukee WI 53212 Phone: 414-962-1200 Fax: 414-962-2305	Milwaukee WI 53233 Phone: 414-937-2069 Fax: 414-937-2021	#125 Glendale WI 53209 Phone: 414-247-0801 Fax: 414-247-0816
St. Charles Youth & Family Services (WCFF/FBO) St. Charles – North 4757 N. 76 th Street Milwaukee WI 53218 Phone: 414-358-4152 Fax: 414-358-5005	St. Charles Youth & Family Services (WCFF/FBO) St. Charles – South 151 S. 84 th Street Milwaukee WI 53214 Phone: 414-358-4152 Fax: 414-358-5005	

Peer Mentoring (for civilians) - Agencies Providing the Service:

Justice Point (WCFF) 821 W. State Street, Rm. #417 Milwaukee WI 53203 Phone: 414-278-2140 Fax: 414-278-2146	Our Space 1527 W. National Ave Milwaukee, WI 53204 Phone: 414-383-8921 Fax: 414-383-1916
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Peer Mentoring (for veterans) - Agencies Providing the Service:

DryHootch Milwaukee Dry Hootch – East 1030 E. Brady Street Milwaukee WI 53202 Phone: 414-455-8456	DryHootch – West 4801 W. National Avenue West Milwaukee WI 53295 Phone: 414-988-9825
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Recovery House - Agencies Providing the Service:

Matt Talbot Recovery Services, Inc. 2nd Century (F) 2187 S. 85th Street Milwaukee WI 53227 Phone: 414-342-5474 Fax: 414-641-9126	Matt Talbot (M) 2613 W. North Avenue Milwaukee WI 53205 Phone: 414-342-5474 Fax: 414-641-9126	United Community Center (WCFF) UCC (M) 604 W. Scott Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-358-5005

UCC – (F) 1123 S. 6th Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-358-5005	UCC – (F) 614 W. Scott Street Milwaukee WI 53204 Phone: 414-643-8530 Fax: 414-647-8602	
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Recovery Support Coordination / Case Management - Agencies Providing these Services:

Justice Point (WCFF) 821 W. State Street, Rm. #417 Milwaukee WI 53203 Phone: 414-278-2140 Fax: 414-278-2146	La Causa, Inc. (WCFF) 5235 N. Ironwood Road Glendale, WI 53217 Phone: 414-902-1500 Fax: 414-771-7492	Wisconsin Community Services (WCFF) 3732 W. Wisconsin Avenue, Ste. #300A Milwaukee WI 53208 Phone: 414-343-3569 Fax: (414) 343-3598
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Room and Board - Agency that Provides the Service:

House of Unity Po Box 250892 Milwaukee WI 53225 Ph.: 414-305-3968 Fax: 414-353-1419
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Spiritual Support - Agencies Providing the Service:

Empathetic Counseling Services (WCFF/FBO) Empathetic Counseling – North 6815 W. Capital Dr STE 311 Milwaukee WI 53216 Phone: 414-828-5617 Fax: 414-875-2355	Empathetic – Mitchell 610 W. Lincoln Avenue, Suite 2C Milwaukee WI 53204 Phone: 414-643-1000 Fax: 414-643-1018	
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Work Adjustment Training - Agency Providing the Service:**Goodwill Industries of Southeastern WI (WCFF)**

Goodwill – North 6055 N. 91 st Street Milwaukee WI 53225 Phone: 414-847-4826 Fax: 414-847-4298	Goodwill – Downtown 819 N. 6 th Street Milwaukee WI 53203 Phone: 414-847-4826 Fax: 414-358-4298	Goodwill – South 5400 S. 60 th Street Greendale WI 53129 Phone: 414-847-4826 Fax: 414-358-4298
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